

Case Number:	CM14-0041005		
Date Assigned:	06/30/2014	Date of Injury:	01/07/2003
Decision Date:	08/21/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45-year-old female who has submitted a claim for chronic low back pain, post-laminectomy syndrome, and lumbar stenosis associated with an industrial injury date of January 7, 2003. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic back pain and spasms, with radiation to lower extremities. Physical examination showed low back muscle tenderness over L3-L4 and L4-L5. Treatment to date has included opioids and surgery. A utilization review from April 4, 2014 modified the request for 1 prescription of Norco #270 to 1 prescription of Norco #162, because patient is currently being weaned off the aforementioned medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 prescription of Norco 10/325mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing

monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient complained of lower back pain which was controlled with use of Norco. However, progress reports failed to discuss other parameters listed above as having been used to monitor this patient's Norco use. Therefore, the request for Norco 10/325mg #270 is not medically necessary.